

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

January 20, 2005

In re application

POMA, Frank

Serial No.

10/064,075

Filed

June 7, 2002

For

TILT-UP PANEL AND METHOD

Examiner

HORTON, Yvonne Michele

Art Unit

3635

Our File No.

10539.4801

Mail Stop Non Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Examiner's FINAL Office Action mailed December 3, 2004, having a shortened statutory period for response set to expire March 3, 2005, the above-identified patent application is amended as follows:

Amendments to the Claims are reflected in the Listing of Claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.



01-26-05

A DR

Our File No. 10539.4801

FORM PTO-1083

In re Application of:

FRANK POMA

Serial No:

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TILT-UP PANEL AND METHOD

Mail Stop Non-Fee Amendments Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

AMENDMENT TRANSMITTAL LETTER

Sir:

XX

Transmitted herewith is an amendment in the above-identified application.

Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

XX

No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)			(Col. 2)	(Col. 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	
TOTAL ·	*	MINUS	**	=	
INDEP	*	MINUS	***	=	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					

SMAL		SMALL ENTITY		
RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
x\$25	\$		x\$50	\$
x\$100	\$		x\$200	\$
x\$180	\$		X\$360	\$

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TOTAL ADDIT. FEE

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OR TOT

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* ** **	If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.
	Please charge our Deposit Account No. 13-1130 in the amount of \$. A duplicate copy of this sheet is attached.
	A check in the amount of \$ is attached.
X	The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 13-1130. A duplicate copy of this sheet is attached.
X .	Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
	Any patent application processing fees under 37 CFR 1.17.
X	If there are any additional charges, including extensions of time, please bill our Deposit Account No. 13-1130.
19: Ft. (95	ALIN, HALEY & DiMAGGIO, P.A. 36 South Andrews Avenue Lauderdale, FL 33316 54) 763-3303 Joseph R. Englander, Reg. No. 38,871 Dale Faul DiMaggio, Reg. No. 31,823

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